

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. II.

LOUISVILLE, NOVEMBER 4, 1876.

No. 19.

## OPINIONS OF THE PRESS.

Boston, New York, Philadelphia, Baltimore, Chicago, St. Louis, Indianapolis, Nashville, and New Orleans have fired their shots. The following delicate shell is dropped into the Phenomenon's works from an Atlanta battery. Says the Southern Medical Record for September:

*An Ethical Puzzle—Two in One.*—The Louisville Medical News has been pouring hot shot into two medical colleges—which in truth are not *two*, but *one*—for some time. We have watched the fight with interest. It calls the ‘two-in-one’ college ‘the Phenomenon.’ The News strikes right and left, and with most vigorous blows. It has not left a square inch of cuticle unassailed. Now this ethical puzzle, this magnificent American enterprise, this ‘Phenomenon’ of the News, is the offspring of our good old ethic-loving friend, Dr. E. S. Gaillard, editor of that ethical blunderbuss, ‘the largest medical monthly in America.’

“Our friend of the blunderbuss has exercised his powers as an ethical gladiator for ten long years. He has grown gray in ethical ranting. He had a habit of saying during all these years, ‘Come, see what a beautiful sword I wield in the cause of honor, truth, and ethics.’ This sword, and the hand that wielded it, has been the wonder as well as the admiration of the land. There was no one so orthodox; no sword so ready to leap from its scabbard; no ethical warrior so ready to put on his ‘war-paint’ in defense of medical honor writhing under the assaults of Quackdom. Not alone in quackery did our gladiator flourish his encrimsoned blade. He was wont to bathe it in nobler blood. There was no medical man with professional attainments, however lofty—the loftier the better—there was no medical journal in the South, however honorable, honest, and true, if it had a large circulation—there was no medical college in our section, however high and pure—but what, if any of these came across his purposes, they were made to feel the cold steel of his ethical blade. In season and out of season, with cause and without

cause, this gladiator was always seen stripped for the fight in the ethical arena. His name was on every lip. The fraternity sang peans to his ethical fervor all over the land.

“This was in the past. *O, tempora! O, mores!* The times change, and gladiators change with them. This marvel of ethical paragons, this wonder of ethical orthodoxy, has fallen, fallen, and become the object of pity to his friends, a by-word and reproach to his enemies! He now engineers the ‘Phenomenon,’ an institution too dark for scrutiny and too hazy for the Code. It is one of the freaks of evolution—at least in the evolution of something, however nebulous, from nothing. Its existence is a mystery; its origin a marvel and a wonder. It is unique. It stands solitary and alone in its dazzling originality. It is one of those things of which medical philosophy never dreamed. It came, Minerva-like, full-grown from the brain of an Olympian Jove; from the mental matrix of that mighty genius who feels no intellectual exhaustion in the editorship of two medical journals, in the deanship of two medical colleges, to say nothing of the Atlas-like burden of that immense medical enterprise, the Medical Mutual Life Association! Ye gods, pause and behold him! Ye mortals, wonder and adore him!

“All this, while the source of never-ceasing wonder might be creditable if it was the mental fruitage of any other mortal than that of the gallant ethical gladiator; but in him it is a commentary and a puzzle; for he, of all others the firmest, truest friend of the ethics, essays to accomplish his designs by a sublime defiance of its teachings; yea, to carry them into execution over the prostrate form of the law he so often upheld and defended.

“The News strongly intimates that our *dual* editor and dean deals in fraud, deception, and hypocrisy. It would seem, indeed, that our gladiator had gotten things seriously mixed. He gives the medical world a riddle to solve. He proposes to lay the Delphic oracle in the shade. We can not follow the tangled skein as he unravels the mysterious process, but we see that whereas there was ‘*one*,’ there is now ‘*two*,’ and yet only ‘*one!*’ Mathematics may be a lie, natural philosophy may be false, since it claims that *two* things can not occupy the same place at the same

## LOUISVILLE MEDICAL NEWS.

time; but medical magic and Louisville legerdemain can do all this before our eyes. He proposes to imitate Dame Nature. He makes two one, and gives birth to young M. D.'s in *nine months*. Now the News calls this matrix for the evolution of young M.D.'s the 'Phenomenon.' Its offspring must be very simple creatures. '*Similia similibus propagantur*'.

"Our gladiator having worked out the puzzle to his satisfaction—*i. e.*, how to make *two* out of *one* and still remain *one*—opens wide the doors of his *two* colleges in the *one* building, with *one* set of trustees and teachers, for aspiring young men agonizing to wear the questionable honor it confers. Now 'the manner of the doing' in order to secure patronage is fully set forth by the naughty News. The 'Phenomenon' wields a large and mighty beneficiary list. It advertises like every other quack, with this difference only—the quack pays for his advertising; the 'Phenomenon' dead-beats its way through the press, secular and religious. Its monotonously worded beneficiary notices are published from Maine to Texas, from the Lakes to the Gulf, and the press is 'dead-beat' out of its pay under the idea of advertising a charity. This is what that spunky News avers. Every editor—yea, every public man or woman of every state—has been notified by circular that he, she, or it is entitled to *name* a beneficiary, and graciously informed that \$80 will be deducted from the regular fees. This is the beneficiary dodge. The beneficiary reaches Louisville, and finds to his dismay that he has as much to pay as in almost any Southern college—more, in fact, than in any other, except the University of Louisiana. That is the working of the beneficiary dodge. The News, watching the running of the machine on the spot, seems to regard this indigenous American conception a humbug and a fraud.

"Now it may not be in 'good taste' in us to speak second hand; but the 'Phenomenon' exists, and if the News is correct, the average professional mind will not fail to diagnose the condition of things at Louisville, and define the ethical status of the *dual* editor and dean, as well as his gorgeous 'Phenomenon'—the medical puzzle and wonder of not 'one' but 'two' continents."

---

AS DEEP IN THE MIRE.

---

Wicked men have been going through the South imposing upon the credulity of the colored man and brother in a most shameful way. Prof. Shaler, of Harvard, notes the fact that in a number of instances pretended agents of the government have declared to the negroes that they were to be "accorded" "forty acres of ground and a mule" apiece,

and have sold them painted stakes ("official") wherewith to inclose the territory and restrain the mule. Another method of imposition is to sell them, at a dollar a bottle, a preparation, warranted to make the hair straight. Which is very bad. But is it any worse than this: *the Kentucky-Louisville School advertises for negro students, and distinctly declares IT WILL GIVE EACH EIGHTY DOLLARS, whereas it mulcts them out of fifty-five dollars apiece?* Is this the "full and adequate reparation offered the South for the injuries of war" promised by the Phenomenon in its scholarship? Troops are evidently needed at the Kentucky-Louisville School. The following is from the American Citizen newspaper, September 30th, published at Lexington, Ky., an organ of the colored folks in Kentucky:

## MEDICAL STUDENTS.

Medical students are, like almost all of the young men of our country at this time, needing money and requiring assistance. Every dollar saved is to them a great advantage, and gives them the opportunity of investing these sums in books and instruments. We understand that the Trustees and Faculty of the Louisville Medical College (Kentucky) have created a number of Beneficiary Scholarships in behalf of those needing such aid; but all of the facts in regard to the matter can be obtained by addressing a letter to the Louisville Medical College, Louisville, Ky.

[If any worthy young man wishes to attend the Louisville Medical College, by applying to this office we will give him a recommendation and guarantee that he will upon such recommendation receive a scholarship worth \$80 free.—ED.]

---

REGISTRATION.

---

Died, in the Blockley Hospital (Philadelphia Alms House), Thos. J. Wilson, M. D., aged about fifty.

The circumstances of his death were curious. A spasm seized him on the morning of the 21st, and did not leave him until his earthly career was over, ten hours later. A copy of the LOUISVILLE MEDICAL News was found on his person, and it is feared there was some connection between it and the convulsion. It was noticed, as the features

of the deceased assumed the repose of death, they resembled wonderfully those of a Western medical editor not unknown in ornithological circles. A part of his cotton was marked Morbison. From its general appearance its owner must have spent a great portion of his time under ground. The remains were buried under the knave of St. Stephen's.

LATEST.—Corpse gone; bored through to St. Louis! Ruling passion strong in death.

#### A GREAT COMBINATION.

The Phenomenon is in itself a wonderful combination. Two schools, two diplomas, two every thing—museum and mannikin—"all under the same canvas." Nothing was needed but a combined organ. Two journals with one editor would have satisfied ordinary mortals, but the medical world is now startled by the exhibition of three editors in one—like Mrs. Malaprop's Cerberus, "three gentlemen in one"—viz., Thos. J. Wilson, R. H. Morbison, and our amiable neighbor! We have stood up pretty well under the last, but shudder at the task of having three heads to hit at once a week. If "Constant Reader" joins, then our duties will be arduous indeed. Our medical brethren can rest assured, however, that we will wrestle with them all, and continue to do "our level best."

#### Original.

##### CLINICAL LECTURES.

###### LECTURE VII.—CLINIC FOR DISEASES OF THE SKIN, UNIVERSITY OF LOUISVILLE.

BY L. P. YANDELL, JR., M. D.,  
*Professor of Therapeutics and Clinical Medicine.*

Gentlemen,—Parasitic diseases are the subject of to-day's lecture. These are of two kinds, animal and vegetable. The animal parasites subsisting on the skin comprise three varieties of lice and the itch mite. On the head, and found nowhere else, is the *pediculus capitis*, or head-louse, a slight,

graceful little creature, though rather ill thought of except by naturalists. Exactly why the flea should be considered respectable and the louse should be despised I have never understood, but such we all know is the fact. The head-louse is white or pinkish, and on the negro's head I have seen it black. The eggs of the louse are attached to the hairs, and are called nits. A female louse lays about fifty eggs. These hatch in six days, and at the end of eighteen days the young lice begin to lay. This louse, through the pruritus its presence occasions, may give rise to eczematous and even pustulous eruption on the scalp. The eruptions are developed by the scratching which is resorted to to relieve the pruritus. The glands about the neck often enlarge in consequence of the scalp irritation, and may—though very rarely—suppurate. The derma and glandular inflammations spoken of do not happen to vigorous, perfectly healthful individuals; and, in fact, lice are not prone to attack in any considerable numbers robust, rich-blooded persons.

To get rid of the *P. capitis* is not difficult. When but a few exist they may be caught and killed, and their nits removed by the finger-nail and fine-comb. When abundant, ordinary mercurial ointment rubbed into the hair at night, and washed out next day with soap and warm water, is an efficacious mode of destruction. The process should be repeated twice or thrice to insure success. The officinal unguentum cocculi (this is an ointment made from the kernels of the *coccus indicus*, called India-berry and fish-berry) is entirely reliable as a destroyer of pediculi. Common soft-soap is almost infallible, and so is coal-oil, but both are apt to inflame the scalp. If the skin be affected by eczema, impetigo, etc., these demand the same anodyne and astringent ointments employed for cutaneous eruptions elsewhere and from other causes. If crusts exist, and the hair be matted by filth, clipping the hair and poultices to the scabs should be employed before the parasiticides are brought into requisition.

An offensive smelling and disgusting looking scalp affection, called *plica polonica*, may be produced by the irritation of large numbers of the pediculus capitis in an unhealthy and uncleanly person. The disease consists of the matting together of the hair by the glutinous discharge from eczema of the scalp. *Plica polonica* (getting its name from the patriotic but uncleanly Poles, among whom it most abounds) is rare in this country. I have encountered but a single case. It was in the person of a girl, whose long hair was tangled and stuck together and beslimed by a gummy, straw-colored fluid. Masses of granular crusts adhered to portions of the scalp about the hair-roots. Particles of dried blood and some drops of bloody serum were scattered here and there, and arising from the head was a sour and sickening stench of animal decomposition. Rapidly moving in countless droves hither and thither over and under the noisome crusts, and back and forth on the moist and putrid hairs, the nimble and energetic pediculi flitted rapidly, reveling in their abundant and filthy food.

The treatment for this so-called *plica polonica* has been indicated in speaking of the pediculus and his consequences.

*Pediculus corporis*, or body-louse, is similar in appearance to the *P. capitis*, but somewhat larger. His dwelling-place is in the folds and seams of the clothing. Dr. Jeffries, of Boston, calls this *P. vestimenti*, or garment-louse. It is found on the clothing, where it hides itself in the seams, and only goes on the body to feed. Thousands of these lice are sometimes found on the persons of neglected paupers. In the higher walks of life the body-louse is rarely met with, except in the aged. The back, being the least accessible portion of the person to the patient, is where these lice occasion the greatest trouble, though all portions of the body suffer. Eczema, papules, pustules, and excruciating pruritus are incidents of the presence of the pediculus corporis; and long whelks and scratches and specks of dried blood are seen on the skin. This condition

is denominated *phtheiriasis corporis*, or louse-disease of the body.

This parasite yields to the same remedies and general line of treatment suggested for *P. capitis*. The sufferer should be bathed frequently, and his clothes scalded or baked in order to destroy the lice and nits on them.

*Phtheiriasis* requires no peculiar treatment. Treat the symptoms present just as you would similar symptoms from any other cause. Bitter and ferruginous tonics and antiperiodics are found to be indicated in the majority of cases. After the insect is destroyed and the skin lesions are all healed, we still have in not a few instances an annoying pruritus remaining. This must be treated as you would prurigo of any other origin. When I come to speak of itch I shall enumerate some of these remedies.

*Pediculus pubis*. This, the crab-louse, so called from his resemblance to the crab, makes his home among the hairs of the pubis. At least this is his favorite habit; but on very hairy persons he is not infrequently found in greater or less abundance over the whole body. Indeed, no locality is free from liability to his presence, except the head. The beard, brows, and lashes are sometimes the hiding-places and feeding-grounds of the crab-louse. Unlike his relatives and neighbors, *P. capitis* and *P. corporis*, his powers of locomotion are poor, and he spends his life upon the hairs, close to their roots, clinging by his crab-like claws. Troublesome itching always attends the presence of the pediculus pubis, and considerable cutaneous irritation may result from the consequent scratching.

For the destruction of crab-lice I prefer the *unguentum cocculi*. A strong decoction of the coccus berry is a favorite remedy in Europe. Dr. Tilbury Fox advises the employment of chloroform vapor for killing the parasite. You must avoid getting the chloroform on the cuticle, and wash away the dead lice with soap and water. Washes of weak vinegar are advised by all writers for destruction of the nits, or eggs. This

is the most difficult of all the *pediculi* to manage, and especially the nits. Shaving or clipping the egg-burdened hairs is not infrequently unavoidable. In the average cases, however, mercurial ointment rubbed on the infected regions for several nights, and free ablutions of soft-soap and warm water, suffice for cure.

Most animals—probably all—suffer from the presence of lice. On a person in perfect health the parasites seldom accumulate in numbers sufficient to do more than annoy; but during enfeeblement they multiply with immense rapidity, and by their numbers may prove deleterious to health; hence the constitutional condition demands attention in most of the severe cases of phtheiriasis, no matter which of the three pediculi be its cause.

To Dr. Jeffries's work on parasites I am indebted for the facts concerning their eggs and length-of life. I commend his book to you.

*Acarus scabiei*, or *sarcoptes hominis*, is the fourth and last animal parasite I shall ask your attention to. Itch-mite is the English name of the *acarus scabiei*, and scabies, or the itch, is the disease due to the presence of the acarus or mite. The insect is about the size of a pinpoint, and is visible to the naked eye. It is in shape quite like the bedbug; some liken it to the turtle. The female acarus is the sole cause of the disease in question. The male simply copulates and dies. The itch-mite, like the owl, is nocturnal in its habits. The male lodges himself in the folds of the skin or about the roots of the hairs, or among any partly loose scales he may find, and only at night leaves his hiding-place to seek his mate for the purpose of procreation. The sexual organs in both insects are well developed. The female lays about fifty eggs—one at a time. About a week is required for their hatching.

Most animals are subject to some variety of itch-mite. Mange in the dog is due to *sarcoptes canis*. In modern days the itch is looked upon as an opprobrious disease, and refined people are quite ashamed to have

it. In ancient times, however, when it was far more common than now, and pervaded all ranks of society, the disease was not esteemed so disreputable. A king is quoted as saying, "None but kings should be allowed to have the itch; it is such a royal pleasure to scratch." Lord Bacon, in his Natural History, quaintly says, "The pleasure in the *Act of Venus* is the greatest of the pleasures of the *senses*; the matching of it with Itch is improper, though that also be pleasant to the touch." And in this connection he says, "It is certain that the pleasure of *Drunkenness* is next the pleasure of *Venus*." You see in what company he esteemed itch worthy to be classed. During periods of war itch becomes abundant from crowding and uncleanliness among the soldiers, and from contact with infected persons the disease spreads unlimitedly. The cleanest and the healthiest people may acquire it. In 1862, in the Confederate service, I became the subject of *sarcoptes hominis*. At the same time several generals and some very elegant ladies of my acquaintance were my fellow-sufferers. At first the itching was not only not unpleasant, but was positively delightful, and vividly recalled to my mind the royal encomium just now quoted. Very soon, however, the pruritus became terrific. I often awoke at night exhausted and panting from violent scratching begun in my sleep. I lacerated the skin with my nails to abate the torturing itching, for the smarting pain of the abraded surface was far preferable to the pruritus. Sulphur ointment relieved me entirely in three days.

Itch is rarely encountered at present; indeed, is one of the rarest dermatoses in this country, and is almost confined to paupers.

Scabies is inherently only a vesicular affection, but the irritation of violent and oft-repeated scratching, combined with dirt, vexatious applications, and ill health, may develop the more advanced stages of inflammation; hence papules, eczema, pustules, and even bad ulcers may complicate the disease or arise as its sequelæ.

My opportunities for observing scabies were

extensive in the Confederate army. Our soldiers were badly fed, badly clothed, soap was scarce, and "army itch," as it was denominated, was painfully plenty. Army itch is nothing more than common itch aggravated by the conditions before mentioned. It is scabies, with eczema or impetigo or ecthyma or some other dermatitis superadded. Scabies, I have told you, is a vesicular disease. The scabies occurs in this wise: The female acarus, waked by the night and warmed by the heat of the bedclothes or the room, begins her nocturnal journey. Biting or scratching into the skin if she be on the outside, or simply advancing if she have already gotten under it, with her nose and claws she forces her way beneath the scarf-skin, burrowing along as the mole burrows, and making, like him, a superficial tunnel or canal. She feeds on the juices which exude from the wounded cuticle, and when needing air she elevates her head and perforates the top of her tunnel, thus ventilating her apartments. Her course is in irregular curves and zigzags, and at intervals of one eighth to one half an inch she stops to deposit an egg. The canals or tunnels are half a pin's thickness, more or less, in size, and whitish-looking. Where the eggs are deposited a perceptible enlargement of the burrow occurs, and a little round vesicle is formed. As I have said before, the egg hatches within a week. The track made by the insect is a foot to several feet in length, according to the longevity of the acarus. The location of the eruption is often of service in diagnosis. Between the fingers and on the genitals are the most frequent sites of location, and next come the inner sides of the arms, thighs, and abdomen. Eventually, if unobstructed, the entire cuticle, barring the face and scalp, may be invaded, and occasional instances are on record where this exception has been violated. Scabies is unlimited as to natural duration, and generation follows generation of the parasite, unless annihilated by treatment.

Diagnosis is not difficult. The acarian furrow, the tunnel, the canal, as it is variously

called, with its little round vesicles, is pathognomonic. Besides, by picking the blind end of the canal with a pin, you may bring out the *sarcopetes* very generally. The itching is always nocturnal. The location of the disease, as previously remarked, is of diagnostic value. Vesicles of considerable dimensions arise from the irritation produced by the parasite. The papules, eczema, and pustules may obscure to some extent the true character of the disease, but not to any serious degree.

*Treatment.* Of course, the general health must be looked to. Innumerable remedies for itch have been employed. The best of all is one of the oldest and simplest. It is the plain sulphur ointment of the U. S. Pharmacopœia. Properly used, the sulphur ointment is infallible; but should it be objectionable on account of its odor, or from other cause, I recommend to you the unguentum cocculi. Sulphurous, carbolic, and salicylic acids have their advocates.

Whatever parasicide you decide on, the preparatory treatment is the same, and is of essential importance. The patient should get at bed-time a hot bath, in which he should remain half an hour or more. His entire cuticle, except the head and face, should receive a vigorous, thorough, careful scrubbing with a strong soap, supplemented by the flesh-brush or coarse wash-cloth; then having rubbed the person dry with rough towels, the ointment is energetically applied. The night-clothes are now donned, and the patient retires. It is best to go through with this process for three nights, at the end of which time the acarus is killed and his eggs destroyed.

By the bathing and friction the skin is softened, the tunnels are broken open, the outer epidermic scales are removed, and the ointment is thus enabled to come in contact with the itch-mite and her eggs. The itching remains sometimes after the parasite is destroyed. This should be treated by morphine, aconite, hydrocyanic acid, tannic acid, carbolic acid, etc., to the skin. The following recipe is excellent. It should, of

course, be modified according to circumstances. In a previous lecture I gave you this or a similar prescription for pruritus:

- R Ext. aconite..... gr. x-xx;  
 Sulph. morphia..... gr. ii-iv;  
 Carbolic acid..... gr. ii-x;  
 Dilute hydrocyanic acid..... 3 ss-3 i;  
 Benzoated oxide-of-zinc ointment  
 (or some other, if preferred)... 3 i.

Mix thoroughly, and apply to the skin at night, or oftener, if need be. Inunctions of olive-oil, or any of the oils, often affords relief. Internally carbolic acid, atropine, and bromide of potassium have, I am persuaded, decided power in the abatement of pruritus. Carbolic acid may be given in single-drop doses three times a day, gradually increasing the medicine until relief is obtained or slight numbness or vertigo is complained of. The atropine should be ordered in the  $\frac{1}{15}$  of a grain thrice or twice or once daily, increasing or diminishing as symptoms indicate. Unpleasant flushing of the skin, dryness of the throat, or dilatation of the pupils are signs for diminishing the dose. Give the bromide, in tri-daily doses, in large quantities of water. Ten grains is the minimum and sixty is the maximum of these doses. Bear in mind that soap is irritant to chafed or abraded skins, and should, therefore, be avoided in such conditions. Remember, also, the potency of nutritious, rich, and agreeable diet, both as a preventive and as a curative agent. The very wretched cases of itch are always found in badly nourished, badly clothed, uncleanly, unhealthy people. Constitutional management, of course, becomes important in such condition.

I have now given you very concisely the essential facts pertaining to the animal parasites of the skin. All forms of animal life subsisting either on or in the body are parasites. Those existing within the body are, technically speaking, entozoa; and those living on the exterior of the body, or feeding on it externally, are ectozoa or epizoa; for instance, intestinal worms are entozoa, and lice are ectozoa or epizoa. Both are parasites. A

brief study of the word parasite can not fail to interest you. Parasite signifies in our day an animal or a vegetable which lives upon some other animal or vegetable. Originally parasite was an honorable title, and was applied by the Greeks to an order of priests who were chosen from the noblest families, and whose office was to guard the sacred corn, to preside over the feasts and sacrifices to the gods, and to see to their proper performance. Among the Gauls it was an exalted title, and was bestowed on the poets. Alas, how sadly has the word been debased! Fallen from the offices of religion and poetry, it is now applied to the small vermin which feed on our juices and to the lowest forms of vegetable existence.

The following parasitic insects, though not usually treated of in connection with dermatology, are worthy of brief notice: mosquito, gnat, tick, chigoe, flea, and bedbug. Their bites occasion excessive annoyance, and may even mislead the careless observer in the diagnosis of some of the skin eruptions. Besides, by their irritation under favorable circumstances they may lead to vesicles, pustules, ulcers, etc.

The itching consequent upon the wounds made by these parasites is greatly mitigated or relieved by bathing in salt-water and by greasing the skin. When the bites are exceptionally annoying, a minute quantity of chloroform to the affected spot is the best application. The essential oils are repulsive to animal parasites, and their attacks may be prevented and their departure secured by applying to the clothing or to the person the oil of pennyroyal or any of its congeners. Carbolic acid answers the same purpose. These substances require large dilution with oil or water, else they vesicate the skin. Bathing with carbolic soap or with juniper-tar soap, and rubbing some of the soap on the under-garments, is the most trustworthy preventive of chigoes.

The chigoe, or chigger, of this country is the pinkish insect, about the size of a pin's point, which gets on to the body from the bushes, briars, and other plants encountered

in woodland excursions. The itching produced by the chigoe is only less exquisite than that of the *acarus scabiei*. This parasite bores under the skin for a short distance, but does not burrow in long tunnels like the itch-mite. Except, however, the "acarian furrow," he may produce all the phenomena presented in the itch, and on children ugly eczematous and furunculous eruptions are sometimes developed by the chigoe.

The last animal parasite I shall speak of is the

*Cimex lectularius*, vulgarly called chinch, or bedbug; and I merely bring this creature to your notice to give you the humiliating information that he is an American product, a native of our country. From the New World he was transplanted to the Old, and is doubtless now a resident in all countries where beds exist. Probably the only extenuating circumstance connected with the career of the bedbug is that in doses of six or seven he has been successfully administered, it is said, for intermittent fever. Dunglison awards this credit to the *cimex lectularius*, but does not indorse the statement.

---

### Miscellany.

---

**CASES OF ALLEGED DRUGGING.**—It is quite common to read in the newspapers of cases of alleged "drugging" in which the victim is placed in a state of helplessness, or unconsciousness, by the use of some agent, as a preparatory step to robbery or personal outrage. Many of these victims are represented to be persons of "respectability," and they are of both sexes. These occurrences are stated to have taken place in the cars, while parties are traveling, on steam-boats, in private dwellings, in lecture halls, and even in ball rooms. So frequently have they been reported of late that a general belief prevails that any one is liable, at any moment, to be rendered unconscious by the use of some vapor, or liquid, or solid, well known to vile men, and which they have the

power to use. Now this is an important matter, and needs to be more distinctly understood by every one, whether traveling or at home. If it is true that any drug exists possessing the power of rendering human beings, under the ordinary conditions of life, instantly oblivious to all external acts, without producing death, and also if it is true that this agent is so far tasteless, odorless, or unrecognizable by any of the senses that one is not put on his guard against it, why then the condition of the race is indeed pitiable; we have no surety that our pocket-books are safe anywhere or at any time, and the honor of woman is in jeopardy every hour of her life. But we need not worry ourselves in this regard. No "drug" or agent exists capable of accomplishing such horrible ends under usual conditions, and we think chemistry is incompetent to ever supply such an agent. We do not believe that any respectable, sober man or woman was ever "drugged," so as to pass into the power of another, against his or her will, under any ordinary conditions, whether awake or asleep, at home or abroad. In carefully considering the list of sedative and narcotic agents known to modern chemistry, such as opium, hasheesh, cicuta, belladonna, nicotine, chloral, chloroform, ether, etc., we find no one that can be used by a villain, with any prospect of success, upon a person of sound mind, for the purpose of producing involuntary unconsciousness. Any of the anaesthetic vapors, when liberated, will put one on his guard instantly, if awake, as the odors are pungent and peculiar, and usually disagreeable. If asleep, not one person in a million can be placed in the anaesthetic state without awaking. The first inspiration of chloroform, ether, or any of the ethyl or methyl compounds will produce strangulation and awaken the sleeper. The mixing of the sedative or narcotic agents with beverages confers upon them, even when the quantities are small, peculiarities of taste sufficient to lead any person not intoxicated, or a fool, to reject the draught. They are all acrid, bitter, or nauseous in a high de-

gree. This, no doubt, is a wise provision of nature, and designed for our protection. Of all known agents, the active alkaloidal principle of opium, morphine, is undoubtedly the most dangerous for the purposes indicated. This is a bitter principle, and changes the taste of liquids in which it is dissolved. In the case of persons partially intoxicated, or not of sound mind, it is possible that a grain of morphine might be dissolved in beer or ale and drank by them, but sensible men or women do not drink ale with strangers, and there is no good reason why it should be drank at all, alone or in company. The sedative effects of morphine do not come on instantly, but gradually; so if it were possible to administer the drug unsuspectingly to a sober person, the first symptoms of abnormal drowsiness would excite suspicion, and time enough would elapse before complete insensibility could occur to cause the arrest of the suspected person. We repeat, there is no drug capable of producing instant insensibility, as has been often alleged, without causing death. The statements so frequently made by "highly respectable" persons regarding their being "drugged" are very absurd, and not worthy of belief. The "drug" that renders them helpless is usually alcohol, and if other agents have been used to produce more complete insensibility, they could not have been effective without the previous voluntary use of alcohol in some form. The world of sober men and women have little to fear from any drug forcibly administered for wicked purposes.—*Journal of Chemistry.*

**AN INTERESTING MANUSCRIPT.**—The National Library of Paris has just made the acquisition of a very precious manuscript by Denis Papin, the illustrious philosopher who originally discovered the use which might be made of steam as a motive power. The manuscript is entitled "A Treatise on Painless Operations." In it the author describes the different means which may be used to lull the sensibility of patients and to spare them the pain of operations. It is known

that Papin, disgusted at the shackles which were placed on his researches in medicine, gave himself up to philosophical pursuits. The manuscript in question was written in 1681. Papin, when leaving Germany to return to France, gave it to an old friend, Dr. Bremer, who alone had sustained him by his encouragement and appreciation. This manuscript finally fell into the hands of Pador Lahn, a schoolmaster in the environs of Marburg, who has lately died. His heir has sold it to the National Library for a considerable price.—*British Medical Journal.*

**THE ENTRIES AT THE MEDICAL SCHOOLS.** Our returns of gentlemen pursuing their studies at the various medical schools are as yet imperfect; but, as far as the annexed figures go, they were correct on Wednesday evening. At Guy's the new entries for the present session are 98; St. George's, 31; King's College, 32; the London Hospital, 48; St. Mary's, 27; Middlesex, 42; University College, 81; and Westminster, 12. From the provincial schools the returns on Wednesday were the following: Birmingham, 16; Bristol, 17; Leeds, 34; Sheffield, 22; and Liverpool, 22. The whole number of gentlemen studying this year at Liverpool was, on Wednesday, 70; and at Manchester, 139.—*British Medical Journal.*

**THE TATTOOED MAN.**—At the last meeting of the Accademia dei Linci at Rome, M. Moriggia presented the famous tattooed man, Konstantinos, a native of Albania, who was long a prisoner of war in Chinese Tartary. He was then tattooed from head to foot with figures of men, tigers, crocodiles, apes, etc. The work was continued for four months. The tactile sensibility of the skin is diminished; sensibility to thermal stimuli is good, and to electrical perhaps increased; muscular force low; there is a difficulty of breathing, and lassitude; sense of strain and smart in the skin, greatest in the feet and seat; considerable insomnia; vision and hearing are affected; there are frequent dysentery and abdominal pains; the blood is rich in

leucocytes; urine with traces of albumen; free perspiration persistent; intelligence is not much affected, but the *morale* is depressed, etc.—*British Medical Journal*.

THE question which is now agitating the medical mind is this: Was it a Bobolink or an Ortolan who invented the Hair-straightener? Only some nine-months genius could have compassed it. In the meanwhile some colored gemmen are waiting anxiously to see the inventor.

THEY call it the CAPILLARY ORTHOPRAK-TIKON.

SPECIMENS of Shattuck's Vegetable Charcoal Biscuit, manufactured by Messrs. E. J. Larrabee & Co., of Albany, N. Y., have been shown to us. They offer a very efficient and palatable way of administering charcoal.

**Selections.**

DILATATION OF THE UTERUS.—Dr. Lombe Att-hill, in his address before the Section of Obstetrics of the British Medical Association (*British Medical Journal*), remarks:

"I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and that the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is a safe as well as a justifiable one. My own experience in the dilatation of the uterus has been great. I have practiced it very frequently, indeed, during the last ten years, and as yet in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent upon the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during

the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practice the treatment, or an unwise method adopted for carrying it out. Upon examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practised—

"1st. Either for the relief of dysmenorrhea depending on the existence of a narrow cervical canal;

"2d. When the cervical canal is encroached upon by a fibroid of large size and unyielding structure;

"3d. When the process has been attempted to be carried out rapidly by means of metallic dilators; or,

"4th. When it has been protracted over several days.

"I have therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others:

"1. Never to dilate the cervix uteri for the cure of dysmenorrhea or sterility depending on a narrow cervical canal or conical cervix.

"2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

"3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge or sea-tangle tents, which expand slowly and gradually.

"4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which after the lapse of that time the cervix was not sufficiently opened to suit the purposes I had in view, to postpone all operative interference for some weeks rather than risk the result by prolonging the dilating process.

"With respect to the first of these rules, I look upon the treatment of what is termed 'mechanical dysmenorrhea' by dilatation as being altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, has to my knowledge followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative inter-

ence from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that too in patients in the worst possible condition for resisting the attack."—*Amer. Jour. of Med. Sciences.*

**ITINERANT PILE-SURGEONS AND THEIR SECRET.**  
Edmund Andrews, M. D., in the Chicago Medical Journal and Examiner, says:

"A number of men are itinerating in Illinois and the adjacent states, and treating hemorrhoids by a new method. The secret has been sold to various physicians and other persons at prices varying from fifty to twelve hundred dollars, and some of the purchasers have left a good practice in the expectation of making a fortune by traveling about and applying the remedy.

"The itinerants usually claim to proceed without any operative measures; but a highly intelligent physician of this state, who investigated the matter somewhat, satisfied himself that a hypodermic syringe was used, but was not certain about the fluid injection. Subsequent investigation has placed the plan more fully in my possession, and I give it here for the benefit of all concerned.

"The first thing is to have a good hypodermic syringe, kept in perfect order, with sharp, delicate pipes. The fluid used is strong carbolic acid dissolved in any bland fixed oil. The proportions are usually as follows:

R Crystallized carbolic acid..... 3 ij;  
Pure oil..... fl. 3 i. M.

Some of the itinerants use equal parts of the two ingredients, and some of them substitute glycerine instead of oil, and at least one of them has tried a preparation of ergot.

"When the piles are internal, and not readily brought down, a Sims' speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil, or rather the oleized carbolic acid. The injection turns the pile white, probably coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business. The well-known power of carbolic acid to act as a local anaesthetic, antiphlogistic and antisuppurative, favors the process. When the irritation of the first injection has measurably subsided, another pile is attacked in the same way, and, as the patient can not see the syringe, he supposes that he has not been subjected to any 'operation,' which is great satisfaction to him. The itinerants often call their plan 'painless,' but it proves in some persons atrociously distressing. The result is in many other cases excellent, so that the

plan may turn out to be worthy of a permanent place in the treatment of hemorrhoids. However, the question whether it is perfectly safe has yet to be decided. In some instances these itinerants have gotten into an alarm at the condition of their patients, and begged earnestly for advice from men who knew more of surgery than themselves, but I have not yet heard of any actual death.

"The injection of coagulating fluids into enlarged veins in other parts of the body has been extensively tested, the article used generally being tincture of iron. Maisonneuve, of Paris, practiced this class of injections in a great number of cases with success; but as experience increased dangers were discovered, and a number of patients have almost instantly died under the operation. The mode of death is supposed to have been this: drops of the coagulating fluid thrown into an enlarged vein may become covered with a thin pellicle of coagulum, and in that state be swept on into the heart, where by the bursting of the pellicle the fluid is diffused, and a large coagulum may be instantly formed, and death by embolism occur.

"If any thing analogous should result from the injection of the carbolic acid and oil into the hemorrhoidal veins, death would not be likely to occur suddenly, because these veins terminate in the portal system, and therefore any capsulated globules or floating coagula would be arrested in their passage by the capillaries of the liver. Whether the clots thus lodged in the liver would when large fatally obstruct the portal vein, and when small produce hepatitis and hepatic abscess, is a question which can not at present be answered. It is to be desired that physicians should carefully note whether any dangerous hepatic complications are developed after this method of treating piles, and, if so, to report at once to the journals. Honest surgeons will not at present, perhaps, feel justified in risking it, but these rather reckless itinerants will probably test the matter extensively, and it is our duty to observe the results. If the danger of embolism proves to be practically nothing, there is probably little else to be feared, and the operation may be a valuable addition to our resources."

**NEW METHOD OF REDUCING DISLOCATIONS OF THE SHOULDER.**—Dr. Kuhn, of Elbeuf, describes a new method of reducing dislocations of the shoulder. He says it is impossible to ignore the difficulties which often attend the reduction of dislocation of the shoulder. These difficulties are partly owing to the fact that the scapula follows the traction made on the humerus, which causes a loss of a large part of the force employed for the stretching of the muscles.

By adopting the reverse method—that is to say, by applying the force to the scapula while the humerus

is the fixed point—we no longer reduce the humerus; on the contrary, we fix it and reduce the scapula. There is no loss of power, as it is easy to prevent the arm from following the scapula. The difficulty which is found in reducing these dislocations, however, arises not only from the mobility of the scapula, but also from the power of the muscles, which it is necessary to put on the stretch. It is easy to see that by this new method of operating we shall not have to overcome the resistance of the pectoralis major and latissimus dorsi, but of the scapulo-humeral muscles (subscapularis, supraspinatus and infraspinatus, and teres major and minor), which are much smaller and less powerful than the former.

Since the discovery of anæsthetics we can overcome the resistance of muscles by chloroform and ether, the administration of which ought to be pushed until relaxation of muscles is produced. Many practitioners, however, are opposed to the use of these sometimes dangerous means for an operation generally so little serious as the reduction of a simple dislocation of the shoulder.

By following out these principles it is possible, more often than not, even alone and without assistance, to reduce a dislocation of this nature. A cushion of a conical shape is to be placed in the axilla, the base of the cone being downward; the surgeon standing at the patient's side, lightly draws the arm downward, and at the same time presses it firmly against the pad in the axilla, so as to make it into a lever of the first kind; then, taking the inferior angle of the scapula in the other hand, he raises that bone and gives it a see-saw motion. Coaptation soon follows; the two parts return to their natural position by a simultaneous effort made on the lower extremity of the humerus and the inferior angle of the scapula. If the head of the humerus be displaced forward, the angle of the scapula should be directed outward at the same time that it is raised. It should be directed inward if the dislocation be backward. If any difficulty be experienced in making a reduction, the task of holding and directing the arm should be confided to an assistant.—*Gaz. Med. de Paris.*

**PELVIC HEMATOCELE SUCCESSFULLY TREATED BY DRAINAGE.**—Mr. J. K. Thornton relates (Med. Times and Gazette) two cases of this, and calls attention to the following points: "1. That it is advisable in some cases, when the effusion is so large or its situation such as to render the chance of spontaneous evacuation dangerous, to open pelvic hematocoele, though no serious symptoms are present. 2. That free incision and drainage are preferable to puncture in all cases, when possible. 3. That it is not advisable to puncture per rectum unless compelled to do so by the relations of the effusion. 4. That it is not advisable to use injections in early stages after opening."

**TREATMENT OF BOILS AND CARBUNCLES.**—Dr. Peter Eade (British Medical Journal) maintains the following doctrines in regard to these affections:

"1. That boils and carbuncles are not mere inflammations and sloughings of cellular tissue, but specific diseases.

"2. That they are parasitic, and as such endowed with a definite life and history.

"3. That in their early stages they may be infallibly destroyed and aborted by destruction of their central stem or root; and that even after this stage has passed they may generally be destroyed, and in all cases, at the very least, greatly modified by the free application of carbolic acid.

"4. That to produce this result the acid must be freely introduced into the central portion of the disease, and also into any other part where an opening exists or is formed artificially."

The essentials for the proper action of the carbolic acid Dr. E. conceives to be—

"1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

"2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very center of the disease by some appropriate caustic, and perhaps the acid nitrate of mercury effects this better and with less discomfort than any other.

"The acid solution must be occasionally reapplied to and into the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore."

**DOMESTIC DOSAGE OF MEDICINES** (British Medical Journal, February 26, and London Practitioner, May, 1876).—Dr. Farquharson's Drop Table:

56	drops distilled water.....	=60	minims.
113	" tinct. opii.....	=60	"
114	" tinct. digitalis.....	=60	"
100	" liq. morph. hydrochlor. ....	=60	"
80	" oxymel scillæ.....	=60	"
75	" syrup. papaveris.....	=60	"
45	" glycerine.....	=60	"
114	" spts. aetheris nitrosi.....	=60	"
112	" tinct. camph. comp. ....	=60	"
55	" acid. sulph. dil.....	=60	"
55	" olei ricini.....	=60	"
130	" spts. terebinth.....	=60	"
100	" ol. anisi.....	=60	"

**To DESTROY WARTS.**—Mr. Frank Parker, of Mineral Springs, Ark., says that a drachm of nitrate of silver dissolved in an ounce of nitromuriatic acid makes a solution which, applied to warts with a fine brush, will permanently cure them in four days.—*New Remedies.*